MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET 10/598044 APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I" AMENDMENT AFTER AS FILED AFTER 2 MAMENDMENT I"AMENDMENT 2 - AMENDMENT IND. DEP. IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP TOTAL DEP TOTAL

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